

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)

Kenneth A. Heiles, DO

Mailing Address 203 S Jefferson St

City

State

Zip Code

Star City

AR

71667-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 1

Transaction ID: 33117746

Amount of Each Receipt this Period

1025.00

B.

Full Name (Last, First, Middle Initial)

Dana C. Shaffer, DO, FACOFP

Mailing Address 3200 Grand Ave
Des Moines University

City

State

Zip Code

Des Moines

IA

50312-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer
DMU-COM

Occupation
Senior Associate Dean of Clinical Affa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 1

Transaction ID: 33117747

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jan D. Zieren, DO, MPH

Mailing Address 720 East Thunderbird Road
Suite 3

City

State

Zip Code

Phoenix

AZ

85022-5396

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thunderbird Medical

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 1

Transaction ID: 33117748

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1775.00

TOTAL This Period (last page this line number only)